



# forum

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## While Some Wave Their Jack, I Prefer to Drink Mine

John Cole, MD Atlanta, Georgia USA

**L**ong before retiring to Durango, Colorado, John T. Headington, MD, published his important article, "Transverse Microscopic Anatomy of the Human Scalp," in 1984. Headington proposed the new terms *follicular unit* and *perifolliculum*. He defined the term follicular unit as "the pilosebaceous unit structure as disclosed at the **middermis** of the scalp." Dr. Headington noted, "The follicular unit of the adult human scalp usually consists of two to four terminal follicles and one or rarely two vellus follicles, the associated sebaceous lobules, and the insertions of the arrector pili muscles of the terminal follicles." He further noted the follicles are normally anterior and the sebaceous lobules are posterior in a cephalocaudal distribution at the middermal level. He defined the perifolliculum as "the investing adventitial stroma of the pilosebaceous unit." The structural components of the perifolliculum consist of small collagen fibers interspersed with a network of delicate elastic fibrils. The perifolliculum also contains the perifollicular vascular plexus and the perifollicular neural net. The interface between the fine adventitial collagen of the perifolliculum and the coarse reticular dermal collagen is usually sharply defined at the

middermal level. At high dermal levels, particularly at or near the plane of the papillary dermis, the distinction between adventitial collagen and the reticular collagen may appear blurred. At superficial dermal levels, there usually is a confluence of the outer sheath epithelium of two or more follicles so that a single island of epithelium will encompass all follicular infundibula. "Follicular canals may or may not join each other, although it is

terminal follicles." Removal of the epithelium from African American donor tissue provides a beautiful example of the follicular canal. The pigmentation persists in the cone shaped canal after the removal of the

*continued on page 170*

**We must be careful in our interpretation of the literature and our expansion of definitions based on scientific methodology. Such efforts will reduce the level of confusion for both experienced and new hair restoration surgeons.**

common to find two or three hair shafts within a single canal at the level of the infundibulum. The vellus follicle of the follicular units (usually only one) may remain separate or may be joined to the confluent infundibula of the

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# President's Message



Daniel E. Rouso, MD  
Birmingham, Alabama

**T**his is my first Presidential Address as I take over the helm from Dr. Shelly Kabaker, and I look forward to the coming year with great enthusiasm. While I look forward to

exciting things for our organization in the future, I must first look back to the accomplishments of the past year.

Dr. Kabaker has done an exceptional job as our past president and has many accomplishments to his credit. I only hope that I can continue to build on the many ongoing programs that have been either developed or refined during his presidency. Programs like the Web site, our Patient Information brochure, the *Forum*, and our continued commitment to education are but a few of the many tangible benefits available to members of the ISHRS. As I plan for the coming year, I look forward to Dr. Kabaker and the other past presidents for their continued sage advice and guidance.

While many of you know who I am, there are many of our members who do not know much about me—Danny Rouso. Because I will be your president for the coming year, I thought it best to give you some information about myself.

I practice in a group plastic surgery practice setting in Birmingham, Alabama, USA. While my partners perform the full gamut of plastic surgical procedures, I restrict my practice to facial plastic surgery of which a large portion is devoted to hair replacement surgery. The remainder of my practice is primarily cosmetic facial surgery, including facelifting, blepharoplasty, rhino-

plasty, peels, and laser surgery. I have been married to a fantastic lady, my wife, Nancy for 13 years, and have two children, Emily, 12, and Craig, 9.

I have been committed to furthering the education of hair replacement surgeons since beginning my practice over 13 years ago. Even before the ISHRS was formed, I hosted an International Symposium on Hair Replacement Surgery here in Birmingham in 1990 (I remember the meeting well because my son was born on the second day of the Symposium). Not long after that meeting, Dr. O'Tar Norwood called me about starting a new organization—the ISHRS. Dr. Norwood, Dr. Dow Stough, Dr. Sheldon Kabaker, and myself were co-directors of that first ISHRS meeting in 1992. The rest is

history, and I have been on the ISHRS Board of Directors since then. It has been a true privilege to be involved with this organization from its inception, and I am excited about being your President for the upcoming year.

Finally, I look forward to working with our administrative staff in the Chicago area. We are fortunate to have an exceptional group of professionals to work with including our Executive Director, Ms. Victoria Ceh, and her staff—Leah McCrackin, Joanne Reichert, and Robin Downey. It is with their help, as well as your involvement as a member of this Society, that I look forward to a great year ahead.

*Danny Rouso, MD*

*The force that rules the world is conduct,  
whether it be moral or immoral.*

*—Nicholas Murray Butler, American educator (1862–1947).*

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The ISHRS Golden Follicle Award sculpture, as seen on the cover of this issue, was designed by Francisco Abril, MD. Dr. Abril offers for sale, copies of a small bronze hair follicle sculpture (10" high). For more information, please contact: Clinica Dr. Francisco Abril, PO dela Habana, 137, 28036 Madrid, Spain. Phone: 34-1-359-1961; Fax: 34-1-359-4731.

# Editors' Messages



Russell Knudsen, MB, BS  
Sydney, Australia

I've just returned from the San Francisco meeting and it is interesting to reflect, in this last *Forum* of the decade (century, millennium) on the changes in our field in the past ten years. We had prophets (Carlos Uebel, the Moser Clinic, Bob Limmer) who foretold the rise of megasessions of carefully prepared micrografts (and later, follicular units) at the beginning of the decade. By the end, nearly every transplant surgeon in the world

has converted to performing micrografts or follicular unit grafting.

The *average result* in most clinics in the world is now incredibly better than before. This reflects both the change in operating style AND the spread of scientific information around the globe thanks to organizations such as the ISHRS and publications such as the *Forum*. The level of patient satisfaction is high and the very low level of medico-legal actions in hair restoration continues to be the envy of other areas of cosmetic surgery.

There has been a welcome move toward more careful study and analysis of what we do and the results we achieve. No longer are lectures merely self-aggrandizing demonstrations of carefully selected great results and

anecdotal opinion. We await the next phase of automation to ease the labor-intensive style of operating that has developed.

Finally, the new era of effective combined medical/surgical treatment gives patients (and surgeons) a powerful series of options that can make the "initially happy, but later distressed patient" a thing of the past. For most patients, continuing balding is an option, not a necessity. We start the new decade with optimism: Our craft has come of age and every patient should be able to appreciate the potential benefits of this branch of surgery in a new light. The "tufty" graft is consigned to history, where it belongs.

*Russell Knudsen, MB, BS*



Dow B. Stough, MD  
Hot Springs, Arkansas

The 7<sup>th</sup> Annual Meeting of the ISHRS in San Francisco was a resounding success and personally a very special one for myself, however, the time restraints of our current production schedule does not allow for this issue of the *Forum* to cover the San Francisco Meeting. Dr. Russell Knudsen, Cheryl Pomerantz, the sectional editors, and myself are planning a special millennium issue.

We will devote the entire publication to the educational and social events that surrounded the ISHRS Meeting in San Francisco. We would like to make a very special request to our members for our millennium issue, please send Russell or myself a brief paragraph on your meeting experience. This does not have to be limited to the educational aspect. This could be a humorous story of a "night on the town" in San Francisco, or your reflections on the society as a whole. Whatever it is, send it to us *promptly!* This issue goes to press by the end of December, so we need your thoughts now. Any photographs of the meeting or

social outings surrounding the meeting will also be greatly appreciated.

Our society is doing well and seems to be headed in the right direction. This is not surprising given the leadership of the executive officers and board of governors. Dr. O'Tar Norwood and I discussed the medical assistants and we would like to see their role become more active in the ISHRS. If you have any thoughts on how this could be accomplished, please send us your ideas. The board is very open-minded and will consider all opinions.

*Dow Stough, MD*

## To Submit an Article or Letter to the *Forum* Editors

Please send submissions via a 3½" disk or hard copy original (faxed copies do not scan easily into the computer), double-space, and use type size 12—or you can submit articles via e-mail. We would prefer e-mail submissions.

Submit all North American entries (Canada, USA, Mexico) to:  
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Submission deadline for the January/February *Forum* is December 10; the March/April *Forum* deadline is January 10.

# Notes from the Editor Emeritus



Richard Shiell, MB, BS  
Melbourne, Australia

The 7<sup>th</sup> ISHRS Annual Meeting has just ended and what a stimulating four days we had. It was a triumph for Jim Arnold and Victoria Ceh and their helpers, and

the resulting scientific papers will keep the *Forum* filled for months. Those of you who missed it should make sure you get to Hawaii next November.

The meeting was remarkable for many things. First, the quality of the presentations was outstanding, with the vast majority being carefully crafted PowerPoint creations. Many were integrated with slides and video clips. Second, the speakers and moderators kept scrupulously to time,

and the 14 scientific sessions ran like clockwork throughout the 3.5 days.

Finally, the scientific content was at an all-time high, with many great new ideas and instruments and interesting rethinking of previous concepts. Details will be forthcoming in the *Forum* in the months ahead, but let me give you advance notice that the concept of the superiority of follicular unit grafting has been widely challenged. Furthermore, alopecia reduction procedures seem to be poised for a comeback.

The swing of the pendulum should surprise no one, but may alarm those who have vested interests in one particular method. The overall conclusion seems to be that *any* method of graft preparation and implantation can work almost equally well in the hands of skilled operators. There are subtle advantages in follicular units certainly, but not as great as was previously claimed by their strongest advocates.

There also was some recent research that showed that the growth rate in meticulously prepared follicular units is nowhere near the 100% previously claimed, and that figures around 70% are probably nearer the mark (with cut-to-size minigrafts another 10% behind).

Finasteride was widely discussed, and many cases of strong hair growth were attributed to this new drug. The vertex is certainly much more likely to respond than the frontal region, but the wonderful preventive action makes the drug a boon to all balding patients. A note of caution was sounded, however. Patients older than 40 years old should have PSA levels ascertained before commencing treatment, and if raised, treatment with finasteride is possibly contraindicated (more details in later editions).

This was the best-attended ISHRS meeting since Toronto in 1994, and by far the best ever! Congratulations to all those responsible and "roll-on Hawaii 2000."



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